Market Applicability/Effective Date														
Market	FL	FL	FL	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
	&	MMA	LTC											
	FHK													
Applicable	Χ	NA	NA	Х	NA	Х	Х	Х	Х	Х	Х	NA	NA	Χ

^{*}FHK- Florida Healthy Kids

Non-Preferred Topical Fluorouracil Agents

Override(s)	Approval Duration
Prior Authorization	1 year
Quantity Limit	

Medications	Notes	Quantity Limit
Carac 0.5% cream	Non-Preferred	30 grams per 28 days; 28
		days of treatment per year
Efudex (fluorouracil) 5%	Non-Preferred	40 grams per 28 days; 28
cream		days of treatment per year
Fluoroplex (fluorouracil) 1%	Non-Preferred	30 grams per 28 days; 56
cream		days of treatment per year
Tolak (fluorouracil) 4%	Non-Preferred	40 grams per 28 days; 28
cream		days of treatment per year
Fluorouracil 0.5% cream	Non-Preferred	30 grams per 28 days; 28
		days of treatment per year
Fluorouracil 5% cream	Preferred	40 grams per 28 days; 28
		days of treatment per year
Fluorouracil 2%, 5% solution	Preferred	10 mL per 28 days; 28 days of
		treatment per year

APPROVAL CRITERIA

Requests for a non-preferred topical agent may be approved when the following criterion is met:

I. Individual has had a trial and inadequate response or intolerance to one preferred topical agent.

Preferred agents: fluorouracil 5% cream, fluorouracil 2% topical solution, fluorouracil 5% topical solution, imiquimod 5% cream packets

- II. If the topical fluorouracil agent is requested to treat additional actinic keratosis lesions, an additional course of treatment may be approved.
- III. If Efudex (fluorouracil) 5% cream or fluorouracil 5% solution are requested for superficial basal cell carcinoma, the duration of therapy may be extended to allow 12 weeks (84 days) of treatment.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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	Market Applicability/Effective Date													
Market	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	Χ	NA	NA	Χ	NA	Χ	Χ	Χ	Χ	Χ	Χ	NA	NA	Х

^{*}FHK- Florida Healthy Kids

*Note: Preferred agents cover diagnoses of basal cell carcinoma and actinic keratosis (fluorouracil 5% cream, 2% solution, 5% solution).

State Specific Mandates								
State name	Date effective	Mandate details (including specific bill if applicable)						
N/A	N/A	N/A						

Key References:

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